

State of South Dakota
Statement of Financial Interest
Candidate for Public Office

RECEIVED

File statement in the office where your nominating petition or convention nomination certification was filed.

Please read information on reverse side before completing this form.

MAR 07 2008

S.D. SEC. OF STATE

1. Name

John J. Reedy

2. Address

314 E MAIN ST. VERMILLION S.DAK

3. Office Sought

Dist 17 House Rep

4. What is your occupation/profession?

Retired

5. List any enterprise which accounted for more than ten percent of, or contributed more than \$2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise.

None

What is the nature of your immediate family's association with each? The value of the financial interest need not be reported.

6. List any enterprise in which you, your spouse or minor children living at home control more than ten percent of the capital or stock. Identify who has the ownership interest in each enterprise.

None

What is the nature of your immediate family's association with each?

State of South Dakota

County of Clay

) SS.

Verification

John J. Reedy
Clay Nelson
SECRETARY OF STATE

I have reviewed paragraphs 1 through 6 of the Information Regarding Statement of Financial Interest (attached), my Statement of Financial Interest and certify that the information reported is a complete, true and accurate representation of my financial interests for the preceding calendar year.

(Signed)

Sworn to before me this 5 day of March

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(Seal)

Revised 1997



My commission expires:

Clay County Auditor

Officer Administering Oath

Section 3

If any organization contributes more than ten thousand dollars in the aggregate to a ballot question committee and is comprised of twenty or fewer members or shareholders, the organization must submit with the contribution the name and address of each shareholder or member who owns ten percent or more of the organization.

Name of Shareholder or Member	Street Address

Date: _____ Signature: _____

State law requires you to submit this information to the treasurer of the committee you are making the contribution to.